

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33740**

FILED NOV 9 1948

Registration District No. **282**

Primary Registration District No. **5971**

Registrar's No. **129**

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Balwin**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 1/4 mi S.W. of Balwin**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether)
In this community **10 years** (years, months or days)

3. (a) PRINT FULL NAME

Rosella F. Mason

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

5. Color or race **Wh** 6. (a) Single, widowed, married. **2 divorced Widowed**

6. (b) Name of husband or wife **J. D. Mason** 6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **May 19, 1858** (Month) (Day) (Year)

8. AGE: Years **90** Months **5** Days **14** If less than one day hr. min.

9. Birthplace **Millersburg, Ohio** (City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business **Housework**

12. Name **Unknown**

13. Birthplace **Unknown** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude M. Adams**

(b) Address **Balwin Mo**

17. (a) **Burial** (b) Date thereof **Nov 5, 1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Balwin Cemetery**

18. (a) Signature of funeral director **Carroll and Beck**

(b) Address **Balwin Mo**

19. (a) **Nov 5, 1948** (b) **Ralph Darden** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**
(c) City or town **Balwin** (If outside city or town limits, write "RURAL")
(d) Street No. **1 1/4 mi S.W. of Balwin** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **2** year **1948** hour **8:** minute **05** M.

21. I hereby certify that I attended the deceased from **1940** to **11-2-48** that I last saw her alive on **11-2-48** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Arterio-Nephrosclerosis**

Due to **Arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **FB / UA** Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury
23. Signature **Ralph Darden** (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Address **Balwin Mo** Date signed **11-5-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1949

RECEIVED

District Health Officer No. 7,

District File Number 10-48-1299

Date Filed 11-8-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

William B. Enw...

Licensed Embalmer No.

3092

P. O. Address

Palmyra, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.